

**Teacher Application**  
**Digital Destinations in History**  
*A Title IID Program of Districts 24 and 28*

**Information About You**

First Name

Last Name

Address

City  State  Zip Code

Home Phone #

Cell Phone #

**Commitment to the Program**

*Please check off each statement to which you commit*

- ☐ I have been recommended by my principal.
- ☐ I intend to turnkey the information gained to build capacity within my school building and improve ELA performance.
- ☐ I am willing to share my work with my peers.
- ☐ I am willing to incorporate project-based learning into my instruction.
- ☐ I am willing to mentor new participants.
- ☐ I am looking forward to learning from both special education and general education best practices.
- ☐ I am willing to share best practices, lessons, thoughts and student projects online.
- ☐ I want to increase my ability to integrate technology.
- ☐ I will document permission to share other's work, including parental consent for posting student work on the web.
- ☐ I will follow all DOE regulations in my activities.
- ☐ I will participate in the end of the year shareout.
- ☐ I intend to partake in all activities of my cohort, including online activities, professional development sessions during and after school and Saturday professional development
- ☐ I will cooperate in the evaluation of grant activities, including sharing student assessment results, taking assessments and participating in surveys and focus groups.
- ☐ I understand that for some parts of the program, I will be participating voluntarily, without compensation.

**Information About Your Teaching Assignment**

School  File Number

DOE email  @schools.nyc.gov

Other email

Grades Currently Taught

<input type="checkbox"/> Pre- K	<input type="checkbox"/> 3rd	<input type="checkbox"/> 6th	<input type="checkbox"/> 9th
<input type="checkbox"/> K	<input type="checkbox"/> 4th	<input type="checkbox"/> 7th	<input type="checkbox"/> 10th
<input type="checkbox"/> 1st	<input type="checkbox"/> 5th	<input type="checkbox"/> 8th	<input type="checkbox"/> 11th
<input type="checkbox"/> 2nd			<input type="checkbox"/> 12th

My Student Population ☐ General Ed ☐ Special Ed

- I teach the selected content areas
- |                                         |                                           |
|-----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> ELA              |
| <input type="checkbox"/> Math           | <input type="checkbox"/> Science          |
| <input type="checkbox"/> ELL            | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Art/Music      | <input type="checkbox"/> Other-List Below |
- 

Number of years teaching

NYC License Appointment

NYS Certifications

**Signature and Submission**

By submitting this application, I am certifying that it is complete and accurate. I am also making a commitment to each of the items I have checked to the left. I will make a copy of this application and will sign it, have my principal sign it and bring it to my first workshop, if I am selected to be part of the cohort.

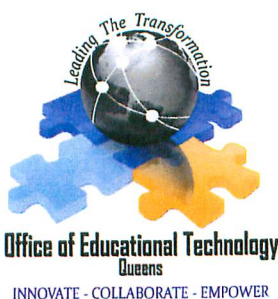
Signature

Principal's Name

Principal's Signature

Application Date

FAX: (718) 642-5789



82-01 Rockaway Blvd.  
Ozone Park, New York 11416  
**Contact:**  
**Winnie Bracco**  
**Technology Innovation Manager**  
**Wbracco@schools.nyc.gov**

# Office of Educational Technology (Queens)

## Title IID Grants

### "Digital Destinations in History (DDIH)"

#### "I Have Read It " Statement

Year Two – 2010-2011

As a participating teacher in one of the above Title IID grants, I have read the course materials, understand the grant expectations and agree to the following:

- ◇ I will complete a teacher pre-course survey on the first day of the course.
- ◇ I will complete a teacher post-course survey on the last day of the course.
- ◇ I will complete a post-workshop survey at the end of each workshop.
- ◇ I will administer the pre and post student surveys to my students in one or two classes and submit these student surveys either online or on paper by due dates.

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- ◇ I will complete the Adult Photo Consent form.
  - ◇ I will submit a completed class set of Student Photo Consent forms signed by parents to OETQ by the next workshop date.
  - ◇ I will submit a list of students who have "Opted Out" of this requirement.
  - ◇ I will complete the teacher application form with my principal's signature.

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- ◇ I will personally create instructional digital products (blog, podcast, graphic novel, google map, google tools) based on Social Studies topics appropriate to my grade and embed them on my wikispace page and on my blog.
  - ◇ My students will create these digital products (podcasts, google maps or graphic novels) based on Social Studies topics appropriate to my grade and I will embed them on my wikispace page and on my blog.
  - ◇ I use the lesson plan template and will post the unit lesson plans relevant to the digital products created by my students onto my wikispace page.
  - ◇ I will create and utilize my blog with my students to stimulate the writing process through teacher-student, peer-to-peer and school-home interaction.
  - ◇ I agree to be videotaped in an instructional video on using technology in the classroom.

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- ◇ I will engage my students in the process and incorporate student work whenever possible.
  - ◇ I will bring one student-created first person narrative to specific workshops to be used as a script for the podcast, graphic novel and digital movie.

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- ◇ I will turnkey my training to my school community and inquiry team as directed by my principal.

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Print Name

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School

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Date

Signature \_\_\_\_\_



Department of  
Education

82-01 Rockaway Blvd, Room 306  
Queens, New York 11416

718-642-5893 tel.  
718-348-2902 fax

Joel I. Klein  
Chancellor

## ADULT CONSENT FORM

I hereby give permission for my photograph, participation in interviews, movies, video tapes, use of quotes, artwork, poetry or other work produced in conjunction with a school project, class or extracurricular activity, to be put on the Department of Education's World Wide Web (WWW) site, in accordance with the policies set forth in the DOE's Internet Acceptable Use Policy.

I understand that the information to be posted does not include information from my permanent or cumulative record. I also understand that the information to be posted does not include other personal identifiable information such as my address, phone number, or social security number.

Name (Print) : \_\_\_\_\_

School: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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This document is to be retained by the Instructional Technology Department.



## LIBRARY CARD APPLICATION

There are more than 200 public libraries throughout New York City. Free library cards allow you to borrow books, DVDs, CDs, and other materials. Local branches also hold events ranging from picture book readings for children to film series, poetry readings, and computer classes for adults.

### Instructions:

To obtain a library card, please complete this application and submit it with an acceptable ID to your local public library. **Adults** can show a current New York State driver's license, learner's permit, or other photo identification. **Young Adults (ages 13–17)** can show a current report card, working papers, or school ID. **Children (ages 12 and under)** must have a parent or legal guardian sign this application; parents will be responsible for materials checked out on their child's card. Visit the Web site of the library in your borough for a complete list of acceptable identification forms and the location of a branch near you. For the Bronx, Manhattan, and Staten Island, go to [nypl.org](http://nypl.org); for Brooklyn, go to [brooklynpubliclibrary.org](http://brooklynpubliclibrary.org); for Queens, go to [queenslibrary.org](http://queenslibrary.org). Adults and Young Adults may also apply for a library card online.

### 1. Check One:

☐ **Child** (Ages 12 and under)

☐ **Young Adult** (Ages 13–17)

☐ **Adult** (Ages 18 and older)

### 2. Student/Library Cardholder Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Gender ☐ Male ☐ Female

Street Address \_\_\_\_\_ Apt.# \_\_\_\_\_

Borough or City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_

### 3. Parent/ Guardian (must be completed for students 12 and under):

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

#### Check A or B:

☐ A. My child may borrow adult as well as children's materials.

☐ B. My child may borrow children's materials only.

**Parent/Guardian is responsible for materials checked out on child's card.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### This Section is for Staff Use Only

☐ NEW

☐ LOST/REPL.

☐ TRANSFER

☐ PTYPE

EXP. DATE \_\_\_\_\_

COMPLETE: (Staff Initials) \_\_\_\_\_

**2010-11 APPLICATION FOR PER SESSION EMPLOYMENT AND CLAIM FOR RETENTION RIGHTS (OP-175)**

**Directions:** This form must be completed and submitted to the per session supervisor prior to commencement of employment in a per session activity. A copy of this form must be retained by the per session supervisor. An applicant who wishes to claim retention rights must assert such a claim on this form. Retention rights may be claimed ONLY in one per session activity. No person may work more than 500 hours in one or a combination of per session activities (with a maximum of 270 hours in a school psychologist and/or school social worker position) without prior written approval of the Division of Human Resources in accordance with Chancellor's Regulation C-175.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ File No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Are you a full-time employee of the NYC Department of Education? Yes \_\_\_\_ No \_\_\_\_

If yes, indicate current work location: ISC \_\_\_\_\_ District \_\_\_\_\_ School/Office \_\_\_\_\_

License or Title \_\_\_\_\_ Hours of Employment from \_\_\_\_\_ to \_\_\_\_\_

2. Per Session Position for which you are Applying: Program Name: \_\_\_\_\_

ISC \_\_\_\_\_ District \_\_\_\_\_ Approximate Start Date \_\_\_\_\_ Do you claim retention rights? Yes \_\_\_\_ No \_\_\_\_

School/Office \_\_\_\_\_ Approximate Total No. of Hours in Activity \_\_\_\_\_

Work Hours Monday – Friday \_\_\_\_\_ to \_\_\_\_\_ Saturday – Sunday \_\_\_\_\_ to \_\_\_\_\_

3. **Between July 1, 2010 and June 30, 2011 have you worked or do you plan to work in any other per session activity? Yes \_\_\_\_ No \_\_\_\_.** If yes, indicate all positions below. Use additional sheets if necessary.

a. Program Name: \_\_\_\_\_

ISC \_\_\_\_\_ District \_\_\_\_\_ Approximate Start Date \_\_\_\_\_ Do you claim retention rights? Yes \_\_\_\_ No \_\_\_\_

School/Office \_\_\_\_\_ Approximate Total No. of Hours in Activity \_\_\_\_\_

Work Hours Monday – Friday \_\_\_\_\_ to \_\_\_\_\_ Saturday – Sunday \_\_\_\_\_ to \_\_\_\_\_

b. Program Name: \_\_\_\_\_

ISC \_\_\_\_\_ District \_\_\_\_\_ Approximate Start Date \_\_\_\_\_ Do you claim retention rights? Yes \_\_\_\_ No \_\_\_\_

School/Office \_\_\_\_\_ Approximate Total No. of Hours in Activity \_\_\_\_\_

Work Hours Monday – Friday \_\_\_\_\_ to \_\_\_\_\_ Saturday – Sunday \_\_\_\_\_ to \_\_\_\_\_

4. Will your total per session hours for this year, including the hours for the position for which you are applying, exceed 500? Yes \_\_\_\_ No \_\_\_\_

5. If yes, have you submitted a waiver request to exceed the 500 hour maximum? Yes \_\_\_\_ No \_\_\_\_

6. **Declaration:** I have read and understand the requirements in Chancellor's Regulation C-175. I understand that I am bound by this regulation. I affirm that the information give above is, to my knowledge, accurate and complete, and I understand that a willfully false answer to any question contained herein is a Class E felony which shall render this application null and void and may result in loss of retention rights, cancellation of per session employment, loss of pay, recoupment of compensation already paid, or disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

7. **Approval by Per Session Supervisor:** I certify that this applicant possesses the qualifications established for the position and that the selection was made after following advertising procedures set forth in Chancellor's Regulation C-175.

\_\_\_\_\_  
Signature of Per Session Program Supervisor

\_\_\_\_\_  
Date

OP-175 – 2010-2011



# THE NEW YORK CITY DEPARTMENT OF EDUCATION

JOEL I. KLEIN, *Chancellor*

## Office of Communications & Media Relations

52 Chambers Street, New York, NY 10007

Tel.: 212-374-5141 Fax: 212-374-5584

### CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE

(e.g.: educational, public service or health awareness purposes)

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_ Class: \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to the participation  
(Parent or Guardian's Name)  
in interviews, the use of quotes, and the taking of photographs, movies or video tapes of  
my son/daughter and his/her school-related work by \_\_\_\_\_.

I also grant to \_\_\_\_\_ the right to edit, use and reuse  
said products for non-profit purposes. I also hereby release the New York City Department of  
Education and its agents and employees from all claims, demands, and liabilities whatsoever in  
connection with the above.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address of Parent/Guardian)

## **Evaluation Overview**

### **OET Queens – Enhancing Education Through Technology Title IID**

#### **What is the purpose of the evaluation and why is it important?**

- The evaluation is required by the federal government to determine if the program has met its stated goals and objectives.
- It is designed to provide short-term feedback to the Queens Office of Instructional Technology on the progress of the program and its immediate effects among participants.
- It will be used to inform long-range planning for future professional development around instructional technology in the borough, City, and State.
- It will contribute to the national research base on the successes and challenges of helping teachers to understand and use educational technology as a means to promote high levels of student achievement.

#### **What are the federally mandated goals of the evaluation?**

- Students improve ELA achievement
- Students improve their technology literacy skills
- Teachers integrate technology into instruction

#### **What information will be included and how will it be collected?**

- Student ELA achievement data
  - Teacher surveys
  - Student surveys
  - Review of teacher products
  - Review of student work
  - Site visits to schools
- (see the data collection overview for timelines)

#### **Who is conducting the evaluation?**

ReLearning Curve has been contracted to conduct the evaluation. ReLearning Curve works with organizations as partners in a research process to gain a better understanding of the processes and impacts of programs and policies. For more information about ReLearning Curve see [www.relearningcurve.org](http://www.relearningcurve.org). If you have questions about the evaluation you can contact Dr. Jody Imbimbo, [jody@relearningcurve.org](mailto:jody@relearningcurve.org).

## **Parent Consent to Participate in the Evaluation of the Queens Educational Technology Program**

Dear Parent,

Your child's school is currently involved in a district-wide program so that teachers can use computers and other technology to help students learn more effectively. Design and Development Resources for Education and the Arts, Inc is collecting information about the program to help determine if it is working and how it can be improved. To do this successfully we need to know how students are using computers over the school year, and information about their academic progress in English Language Arts.

We will be analyzing students' English Language Arts scores by class. No child's name will be attached to the scores. This will not affect your child's academic standing, or participation in school programs or activities in any way.

Students will be asked to complete a brief survey at the beginning and the end of the program about how they use computers during school. This information will be used for our report and to help the schools make technology decisions. Your child's teacher will give out the survey in September/October of 2010 and again in June 2011. It has about 25 questions and should take your child about 15 minutes to complete.

**Participation is completely voluntary.** Your child will be asked whether he or she wants to take the survey and can either agree or refuse. The survey will be anonymous, meaning that no names will be used on the survey or attached to the forms. There are no penalties if your child does not take this survey.

There are no expected risks to your child by taking this survey. Surveys only include questions about educational experiences, not personal, social, emotional, or home experiences. The expected benefits will be that your child's school will be better able to make choices about instructional technology, providing greater access to students.

**If you object to your child's participation,** please sign and return this form to your child's teacher, identified below. **If you do not sign and return this form we will assume that you consent to your child's participation.**

**If you consent to your child's participation** no further response is necessary. **If you do not sign and return this form we will assume that you consent to your child's participation.**

***NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the information above and I DO NOT give permission for my child to participate in the data collection for the EETT program.***

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**Your Child's Name**

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**Teacher's Name/Class Number**

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**Your Signature**

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**Date**

If you have any questions you may contact the researchers at Design and Development Resources for Education and the Arts, Josephine Imbimbo at (646) 330-5951. You may also contact your child's teacher if you have questions about the technology survey.